

United States Bankruptcy Court

## TO BANKRUPTCY CLERK: EASTERN DISTRICT CADMAN PLAZA

Case number or known:

Chapter 7

 Check this is an  
emergencies filing

NAME of debtor : Regina Bonaventure Med Spa Trust

Office Address of trust : 175 -67 Hillside Avenue

Voluntary Petition Individuals Filing for Bankruptcy

Name of debtor: **Regina Bonaventure Med Spa Trust** File number: **23-2549** Date of filing: **07/14/23**  
Address: **175-67 Hillside Avenue, Jamaica, NY 11432** Zip code: **11432** Filing fee: **\$338**  
Email Address: **majourbbg@icloud.com**

Telephone : 332-867-9622

1. Debtor's Name

REGINA BONAVENTURE MED SPA TRUST

Attached : Copy of Id for Trustee – Regina Bonaventure

Copy of Petition

Please file as an Emergency filing

The filing fee of \$338 will be paid by USP MONEY ORDER and placed in the drop box at the bankruptcy court or after hours at the 24 hour dropbox at the federal district Court Cadman Plaza

2. Debtor's Address (cont.)

3. Type of debtor

Corporation (including limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership including L.P.  
 Other: **TRUST**

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District of New York  
(State)Case number (if known): \_\_\_\_\_ Chapter 7 Check if this is an amended filing

Debtor is defined in 11 U.S.C. § 101(3)

Joint Debtor and defined in 11 U.S.C. § 101(3A)

Community Debtor (as defined in 11 U.S.C. § 101(3B))

Other (specify): \_\_\_\_\_

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

## 1. Debtor's name

REGINA BONAVENTURE MED SPA TRUST

## 2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as* names

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. Debtor's federal Employer Identification Number (EIN)

9 3 - 6 5 2 5 8 3 1

## 4. Debtor's address

## Principal place of business

175-67 Hillside Avenue

Number Street

## Mailing address, if different from principal place of business

Number Street

P.O. Box

Jamaica NY 11432

City State ZIP Code

City State ZIP Code

## Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

QUEENS

County

## 5. Debtor's website (URL)

 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify: TRUST

Debtor

REGINA BONAVENTURE MED SPA TRUST

Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business****A. Check one:**

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the above

**B. Check all that apply:**

Tax-exempt entity (as described in 26 U.S.C. § 501)  
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
 Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

**C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.naics.com/search/>.**5    3    1    1**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

Chapter 7  
 Chapter 9  
 Chapter 11. **Check all that apply:**

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 A plan is being filed with this petition.  
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_  
 MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor

## REGINA BONAVENTURE MED SPA TRUST

Case number (if known) \_\_\_\_\_

Name \_\_\_\_\_

## 11. Why is the case filed in this district?

Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

## 12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

 No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

 Other \_\_\_\_\_

Where is the property?

Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Is the property insured?

 No Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

## Statistical and administrative information

## 13. Debtor's estimation of available funds

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

## 14. Estimated number of creditors

1-49  
 50-99  
 100-199  
 200-999

1,000-5,000  
 5,001-10,000  
 10,001-25,000

25,001-50,000  
 50,001-100,000  
 More than 100,000

## 15. Estimated assets

\$0-\$50,000  
 \$50,001-\$100,000  
 \$100,001-\$500,000  
 \$500,001-\$1 million

\$1,000,001-\$10 million  
 \$10,000,001-\$50 million  
 \$50,000,001-\$100 million  
 \$100,000,001-\$500 million

\$500,000,001-\$1 billion  
 \$1,000,000,001-\$10 billion  
 \$10,000,000,001-\$50 billion  
 More than \$50 billion

Debtor	<u>REGINA BONAVENTURE MED SPA TRUST</u>		Name	Case number (if known) _____
<b>16. Estimated liabilities</b>		<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$1,000,001-\$10 million <input checked="" type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$500,001-\$1 million <input type="checkbox"/> \$100,000,001-\$500 million  <input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion		

### Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/14/2023  
MM / DD / YYYY

**X**

Signature of authorized representative of debtor

**Regina Bonaventure**

Printed name

Title Trustee

**18. Signature of attorney**

**X**

Signature of attorney for debtor

Date

MM / DD / YYYY

Printed name

Firm name

Number      Street

City

State

ZIP Code

Contact phone

Email address

Bar number

State

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF NEW YORK**

**IN RE:**

Regina Bonaventure Med Spa Trust ) Chapter 7  
Debtor . )  
)

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**CORPORATE DISCLOSURE STATEMENT**

The undersigned hereby certifies that debtor is a non-governmental corporate entity and does not have a parent corporation, nor is there any publicly held corporation that owns 10% or more of this party's stock.

Dated: July 14 2023



Regina Bonaventure Med Spa as Trustee

Name: Regina Bonaventure Med Spa  
Address: 175-67 Hillside Avenue,  
Jamaica, NY 11432  
Phone: 718-261-1111  
Email: [info@reginabonaventuremedspa.com](mailto:info@reginabonaventuremedspa.com)

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF NEW YORK

IN RE: )

Regina Bonaventure Med Spa Trust ) Chapter 7  
Debtor . )  
)

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**CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a)(1)and  
7007.1, and LBR 1007-4**

I am the trustee for the Regina Bonaventure Med Spa Trust and I have personal knowledge of the matters set forth in this Statement.

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report.

x There are no corporations that directly owns 10% or more of any class of debtor's equity interest:

\_\_\_\_\_ The following corporations directly or indirectly own 10% or more of a class of the debtor's equity interest:

1. N/A
2. N/A
3. N/A

Name: Regina Bonaventure Med Spa  
Address: 175-67 Hillside Avenue,  
Jamaica, NY 11432  
Phone:  
E-mail: \_\_\_\_\_

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF NEW YORK

IN RE: )

Regina Bonaventure Med Spa Trust ) Chapter 7  
Debtor . )  
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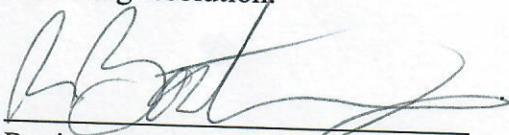
**CERTIFICATION OF CORPORATE RESOLUTION**  
**AUTHORIZING FILING OF CHAPTER 7 PETITION**

I, Regina Bonaventure as Trustee for the Regina Bonaventure Med Spa Trust, existing under New York Trust Law and having its principal place of business at 175-67 Hillside Avenue, Jamaica NY 11432, hereby certify that the following is a true copy of a resolution adopted, in accordance and by the Regina Bonaventure Med Spa Trust situs and authority to file for bankruptcy and defend any and all actions affecting the Trust's interest, business or property or take action in the interest of its beneficiaries, etc. including executing and assuming all property interest, claims, defenses and liens either in the name of the Trust or in the beneficiary or Trustee's name.

***RESOLVED:*** That the Regina Bonaventure Med Spa Trust approves the filing of the Chapter 7 petition as was or will be submitted to the United Bankruptcy Court Eastern district of New York;

***RESOLVED:*** That the Trustee of the Trust is hereby authorized to sign on behalf of the Regina Bonaventure Med Spa Trust any schedules and forms;

***RESOLVED FURTHER:*** That the trustee is hereby authorized and directed to certify to any interested party that this resolution has been duly adopted, is in full force and effect and is in accordance with the provisions under the Regina Bonaventure Med Spa Trust  
I further certify that this trust is existing, and has the powers to take the action called for by the following resolution.



Regina Bonaventure Trustee

\_\_\_\_\_  
Date

Witness my hand Seal of this Proprietorship  
On this \_\_\_\_\_ day of \_\_\_\_\_ 2023

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK**

-----X  
In Re:

Case No: \_\_\_\_\_

Regina Bonaventure Med Spa Trust

Petitioner

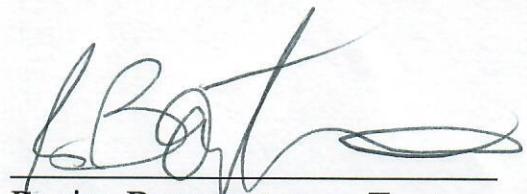
Chapter 7

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**VERIFICATION OF CREDITOR MATRIX / LIST OF CREDITORS**

The undersigned debtor/petitioner hereby verifies that the creditor matrix/list of creditors presented herein is true and correct to the best of my knowledge.

Dated: 07/14/2023  
Cadman Plaza, New York



\_\_\_\_\_  
Regina Bonaventure as Trustee

Shelly Estates Group LLC  
175- 61 Hillside Avenue  
Jamaica, NY 11432

Marshall Richard E. McCoy  
241-04 Hillside Avenue  
Bellerose, NY 11426